

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

SB - 1274

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 19 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 19 minus 20= | * 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

SMALL ENTITY
TYPE

RATE FEE

BASIC FEE 370.00

X\$ 9=

X42=

+140=

TOTAL 370

OTHER THAN
OR SMALL ENTITY

RATE FEE

BASIC FEE 740.00

X\$18=

X84=

+280=

TOTAL

OTHER THAN
OR SMALL ENTITY

SMALL ENTITY

RATE ADDITIONAL FEE

X\$ 9=

X42=

+140=

TOTAL ADDIT. FEE

RATE ADDITIONAL FEE

X\$18=

X84=

+280=

TOTAL ADDIT. FEE

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

RATE ADDITIONAL FEE

X\$ 9=

X42=

+140=

TOTAL ADDIT. FEE

RATE ADDITIONAL FEE

X\$18=

X84=

+280=

TOTAL ADDIT. FEE

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | |

RATE ADDITIONAL FEE

X\$ 9=

X42=

+140=

TOTAL ADDIT. FEE

RATE ADDITIONAL FEE

X\$18=

X84=

+280=

TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.